

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ALABAMA  
NORTHERN DIVISION

In Re: Anthony Jacoway	)	
SSN: XXX-XX-2677	)	
	)	Case No.19-80658-CRJ-13
Lisa Jacoway	)	
SSN: XXX-XX-2032	)	Chapter 13
	)	
Debtor(s),	)	

**AMENDMENT TO SCHEDULES**

**COME NOW** the Debtors, Anthony and Lisa Jacoway, in the above styled matter and hereby move to amend the following Schedules for conversion.

**Schedule F to add the following unsecured creditors:**

<b>Alteon Health</b>	<b>Unsecured, Non Priority</b>
<b>100 Washington St. NE</b>	<b>Pre Conversion</b>
<b>Huntsville, AL 35801</b>	<b>\$65.00</b>

<b>Holloway Credit</b>	<b>Unsecured, Non Priority</b>
<b>(Highlands Medical Collection)</b>	<b>Pre Conversion</b>
<b>P.O Box 27</b>	<b>\$1,165.00</b>
<b>Huntsville, AL 35804</b>	

<b>Holloway Credit</b>	<b>Unsecured, Non Priority</b>
<b>(Open MRI Collection)</b>	<b>Pre Conversion</b>
<b>P.O Box 27</b>	<b>\$300.00</b>
<b>Huntsville, AL 35804</b>	

**I/WE DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS  
TRUE AND CORRECT**

Dated: 3/4/2021

Deceased  
Debtor  
/s/ Lisa Jacoway  
Co Debtor

Respectfully submitted,

/s/ John C. Larsen  
Attorney for Debtors

OF COUNSEL:  
LARSEN LAW, P.C.  
1733 Winchester Rd.  
Huntsville, AL 35811  
(256) 859-3008

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of the foregoing pleading upon all listed creditors on the mailing matrix, and the creditors listed above, by depositing a copy of the same in the United States Mail, properly addressed and postage prepaid, on this the 4<sup>th</sup> day of March, 2021.

A copy was served electronically on the Chapter 7 Trustee, on this the 4<sup>th</sup> day of March, 2021.

/s/ John C. Larsen

Label Matrix for local noticing  
1126-8  
Case 19-80658-CRJ13  
NORTHERN DISTRICT OF ALABAMA  
Decatur  
Thu Mar 4 16:11:57 CST 2021

TEA OLIVE, LLC  
PO BOX 1931  
PO BOX 1931  
Burlingame, CA 94011-1931

Alabama Department of Revenue  
Legal Division  
P.O. Box 320001  
Montgomery, Alabama 36132-0001

CHI Memorial  
P.O. Box 1259  
Dept. 141529  
Oaks, PA 19456-1259

Capital One Bank (USA), N.A.  
by American InfoSource as agent  
PO Box 71083  
Charlotte, NC 28272-1083

(p)JPMORGAN CHASE BANK N A  
BANKRUPTCY MAIL INTAKE TEAM  
700 KANSAS LANE FLOOR 01  
MONROE LA 71203-4774

Easy Cash  
42950 US HWY 72  
#302  
Stevenson, AL 35772-5459

Jason Brady Patrick  
1008 Rucker Blvd. Suite A  
Enterprise, AL 36330-3621

Midland Funding  
2365 Northside Dr Ste 300  
San Diego, CA 92108-2709

Nephrology Associates  
PO Box 6186  
18 Warren Street  
Chattanooga, TN 37401-6186

LVNV Funding LLC  
PO Box 10587  
Greenville, SC 29603-0587

U. S. Bankruptcy Court  
400 Well Street  
P. O. Box 2775  
Decatur, AL 35602-2775

Awa Collections  
Attn: Bankruptcy  
100 Church Street  
Diskson, TN 37055-1826

(p)SOUTHERN MANAGEMENT  
PO BOX 1947  
GREENVILLE SC 29602-1947

Cashnetusa  
175 W. Jackson Blvd  
Suite 1000  
Chicago, IL 60604-2863

Crestwood Medical Center  
P.O Box 188  
Brentwood, TN 37024-0188

Holloway Credit Solutions  
Po Box 6441  
Dothan, AL 36302-6441

Memorial Hospital/Link Revenue Resources  
P.O. Box 1116  
Charlotte, NC 28201-1116

Midland Funding LLC  
PO Box 2011  
Warren, MI 48090-2011

Optima Recovery Services, LLC  
Attn: Bankruptcy  
Po Box 52968  
Knoxville, TN 37950-2968

PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

Alabama Department of Revenue  
50 North Ripley St  
Montgomery, AL 36132-0001

CBC Collections  
Po Box 5067  
Kingsport, TN 37663-0067

Capital One  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130-0285

Chase Bank USA, N.A.  
c/o Robertson, Anschutz & Schneid, P.L.  
6409 Congress Avenue, Suite 100  
Boca Raton, FL 33487-2853

Diversified Consultants, Inc.  
Attn: Bankruptcy  
Po Box 551268  
Jacksonville, FL 32255-1268

Internal Revenue Service  
P.O Box 7346  
Philadelphia, PA 19101-7346

Merchants Adjustment Service  
56 N Florida St  
Mobile, AL 36607-3108

Nephrology Assoc.  
P.O. Box 6186  
Chattanooga, TN 37401-6186

Portfolio Recovery  
Po Box 41021  
Norfolk, VA 23541-1021

(p)PORTFOLIO RECOVERY ASSOCIATES LLC  
PO BOX 41067  
NORFOLK VA 23541-1067

SFC Central Bankruptcy  
P.O. Box 1893  
Spartanburg, SC 29304-1893

SYNCHRONY BANK  
c/o Weinstein & Riley, PS  
2001 Western Ave., Ste 400  
Seattle, WA 98121-3132

Security Finance  
Attn: Bankruptcy  
Po Box 1893  
Spartanburg, SC 29304-1893

Spectrum  
4145 S. Falkenburg Rd.  
Riverview, FL 33578-8652

Sun Loan Company  
201 Veterans Dr Ste 105  
Scottsboro, AL 35768-2168

Synchrony Bank  
c/o PRA Receivables Management, LLC  
PO Box 41021  
Norfolk VA 23541-1021

Synchrony Bank/ JC Penneys  
Attn: Bankruptcy  
Po Box 956060  
Orlando, FL 32896-0001

Synchrony Bank/ Old Navy  
Attn: Bankruptcy  
Po Box 965060  
Orlando, FL 32896-5060

Tea Olive, LLC  
PO BOX 1931  
Burlingame, CA 94011-1931

Verizon  
by American InfoSource as agent  
PO Box 4457  
Houston, TX 77210-4457

Verizon Wireless  
Attn: Verizon Wireless Bankruptcy Admini  
500 Technology Dr, Ste 550  
Weldon Spring, MO 63304-2225

(p)WAKEFIELD & ASSOCIATES  
PO BOX 50250  
KNOXVILLE TN 37950-0250

Anthony Jacoway  
405 East 3rd St.  
Stevenson, AL 35772-3257

John C. Larsen  
Larsen Law, P.C.  
1733 Winchester Rd  
Huntsville, AL 35811-9190

Lisa Jacoway  
405 East 3rd St.  
Stevenson, AL 35772-3257

Michele T. Hatcher  
Chapter 13 Trustee  
P.O. Box 2388  
Decatur, AL 35602-2388

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified  
by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

COVINGTON CREDIT AL0034  
c/o SOUTHERN MANAGEMENT  
ATTN BK  
P.O. BOX 1947  
GREENVILLE, SC 29602

Chase Card Services  
Attn: Bankruptcy  
Po Box 15298  
Wilmington, DE 19850

(d)Covington Credit/smc  
150 Executive Center Drive  
Greenville, SC 29615

Portfolio Recovery Associates, LLC  
POB 41067  
Norfolk VA 23541

Wakefield & Associates  
Attn: bankruptcy  
7005 Middlebrook Pike  
Knoxville, TN 37909

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(d)LVNV Funding LLC  
PO Box 10587  
Greenville, SC 29603-0587

(d)PRA Receivables Management, LLC  
PO Box 41021  
Norfolk, VA 23541-1021

End of Label Matrix	
Mailable recipients	46
Bypassed recipients	2
Total	48

Fill in this information to identify your case:

Debtor 1 **Anthony Jacoway**

First Name Middle Name Last Name

Debtor 2 **Lisa Jacoway**

(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number **19-80658**

(if known)

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1 Summarize Your Assets

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	30,900.00
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	12,300.00
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	43,200.00

#### Part 2 Summarize Your Liabilities

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D...	\$	36,205.78
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$	4,763.76
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	\$	17,888.65
Your total liabilities		\$ 58,858.19

#### Part 3 Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of Schedule I.....	\$	3,143.65
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of Schedule J.....	\$	2,890.00

#### Part 4 Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ **998.89**

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>4,763.76</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>4,763.76</b>

Fill in this information to identify your case:

Debtor 1 **Anthony Jacoway**

First Name

Middle Name

Last Name

Debtor 2 **Lisa Jacoway**

(Spouse if, filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ALABAMA**

Case number **19-80658**

(if known)

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>Alabama Department of Revenue</b> Priority Creditor's Name <b>50 North Ripley St</b> <b>Montgomery, AL 36132</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$653.76</b>	<b>\$653.76</b>	<b>\$0.00</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred?  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	Taxes Owed		

2.2	<b>Internal Revenue Service</b> Priority Creditor's Name <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$4,110.00</b>	<b>\$4,110.00</b>	<b>\$0.00</b>
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred?  As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify	Taxes Owed		



Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	<b>Alteon Health</b> Nonpriority Creditor's Name <b>100 Washington St. NE</b> <b>Huntsville, AL 35801</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b>  <b>When was the debt incurred?</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify
		<b>\$65.00</b>
4.2	<b>Awa Collections</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>100 Church Street</b> <b>Diskson, TN 37055</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>7954</b>  <b>When was the debt incurred?</b> <b>Opened 07/16</b>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney Bigelow Family Dent-Stevenso</b>
		<b>\$63.00</b>

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

<b>4.3</b>	<b>Capital One</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>Po Box 30285</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>8465</b> <b>Opened 06/11 Last Active 2/01/19</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$232.00</b>
<b>4.4</b>	<b>Cashnetusa</b> Nonpriority Creditor's Name <b>175 W. Jackson Blvd</b> <b>Suite 1000</b> <b>Chicago, IL 60604</b> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify	<b>\$500.00</b>
<b>4.5</b>	<b>CBC Collections</b> Nonpriority Creditor's Name <b>Po Box 5067</b> <b>Kingsport, TN 37663</b> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <b>0577</b> When was the debt incurred? <b>Opened 7/29/13</b> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Dr Malvinder Makhni Grandvie</b>	<b>\$80.00</b>

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.6 **Chase Card Services**  
Nonpriority Creditor's Name  
**Attn: Bankruptcy**  
**Po Box 15298**  
**Wilmington, DE 19850**  
Number Street City State Zip Code  
**Who incurred the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

Last 4 digits of account number **1957** **\$1,646.00**  
**Opened 12/15 Last Active 12/27/17**  
**When was the debt incurred?**  
**As of the date you file, the claim is:** Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Credit Card**

4.7 **CHI Memorial**  
Nonpriority Creditor's Name  
**P.O. Box 1259**  
**Dept. 141529**  
**Oaks, PA 19456**  
Number Street City State Zip Code  
**Who incurred the debt?** Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

Last 4 digits of account number **\$99.02**  
**When was the debt incurred?**  
**As of the date you file, the claim is:** Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.8 **Covington Credit/smc**  
Nonpriority Creditor's Name  
**150 Executive Center Drive**  
**Greenville, SC 29615**  
Number Street City State Zip Code  
**Who incurred the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt  
**Is the claim subject to offset?**  
☒ No  
☐ Yes

Last 4 digits of account number **6043** **\$814.00**  
**Opened 12/18 Last Active 1/16/19**  
**When was the debt incurred?**  
**As of the date you file, the claim is:** Check all that apply  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of NONPRIORITY unsecured claim:**  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Note Loan**

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.9

**Crestwood Medical Center**

Nonpriority Creditor's Name

**P.O Box 188  
Brentwood, TN 37024**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$290.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

4.1  
0

**Diversified Consultants, Inc.**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 551268**

**Jacksonville, FL 32255**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **9645**

**\$206.00**

When was the debt incurred? **Opened 07/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Charter Communication**

4.1  
1

**Easy Cash**

Nonpriority Creditor's Name

**42950 US HWY 72**

**#302**

**Stevenson, AL 35772**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$587.50**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.1  
2

**Holloway Credit**

Nonpriority Creditor's Name

**P.O Box 27**

**Huntsville, AL 35804**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$1,165.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Highlands Medical**

4.1  
3

**Holloway Credit**

Nonpriority Creditor's Name

**P.O Box 27**

**Huntsville, AL 35804**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$300.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Open MRI**

4.1  
4

**Holloway Credit Solutions**

Nonpriority Creditor's Name

**Po Box 6441**

**Dothan, AL 36302**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0409**

**\$270.00**

When was the debt incurred? **Opened 6/14/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Michael Cookston Md**

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.1  
5

**Memorial Hospital/Link Revenue Resources**

Nonpriority Creditor's Name

**P.O. Box 1116**

**Charlotte, NC 28201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$453.20**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.1  
6

**Merchants Adjustment Service**

Nonpriority Creditor's Name

**56 N Florida St**

**Mobile, AL 36607**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **9716**

**\$81.02**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Physynergy Huntsville**

4.1  
7

**Midland Funding**

Nonpriority Creditor's Name

**2365 Northside Dr Ste 300**

**San Diego, CA 92108**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **3113**

**\$542.00**

When was the debt incurred? **Opened 12/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Factoring Company Account Synchrony Bank**

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.1  
8

**Nephrology Assoc.**

Nonpriority Creditor's Name

**P.O. Box 6186**

**Chattanooga, TN 37401**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

**\$142.02**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.1  
9

**Optima Recovery Services, LLC**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 52968**

**Knoxville, TN 37950**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2137**

**\$220.00**

When was the debt incurred? **Opened 12/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney American Anesthesiology Of Tn-**

4.2  
0

**Portfolio Recovery**

Nonpriority Creditor's Name

**Po Box 41021**

**Norfolk, VA 23541**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **2432**

**\$2,339.00**

When was the debt incurred? **Opened 06/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **39-SM-2019-900101 Factoring Company Account Capital One Bank Usa N.A.**

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.2  
1

**Security Finance**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 1893**

**Spartanburg, SC 29304**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1573**

**\$1,890.00**

**Opened 11/30/18 Last Active**

When was the debt incurred? **1/23/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Unsecured**

4.2  
2

**Security Finance**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

**Po Box 1893**

**Spartanburg, SC 29304**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1573**

**\$1,690.00**

**Opened 11/30/18 Last Active**

When was the debt incurred? **1/23/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Unsecured**

4.2  
3

**Spectrum**

Nonpriority Creditor's Name

**4145 S. Falkenburg Rd.**

**Riverview, FL 33578**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number

**\$205.89**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify



Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.2  
4

**Sun Loan Company**

Nonpriority Creditor's Name

**201 Veterans Dr Ste 105  
Scottsboro, AL 35768**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1479**

**\$1,500.00**

When was the debt incurred? **Opened 11/18 Last Active 1/16/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Note Loan**

4.2  
5

**Synchrony Bank/ JC Penneys**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 956060  
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1666**

**\$1,511.00**

When was the debt incurred? **Opened 10/04 Last Active 1/27/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

4.2  
6

**Synchrony Bank/ Old Navy**

Nonpriority Creditor's Name

**Attn: Bankruptcy  
Po Box 965060  
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **1686**

**\$239.00**

When was the debt incurred? **Opened 11/17 Last Active 2/06/19**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charge Account**

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

4.2  
7

**Verizon Wireless**

Nonpriority Creditor's Name

**Attn: Verizon Wireless Bankruptcy Admini**

**500 Technology Dr, Ste 550  
Weldon Spring, MO 63304**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **0001**

**\$411.00**

When was the debt incurred? **Opened 05/04 Last Active 4/30/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

4.2  
8

**Wakefield & Associates**

Nonpriority Creditor's Name

**Attn: bankruptcy  
7005 Middlebrook Pike  
Knoxville, TN 37909**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **1779**

**\$244.00**

When was the debt incurred? **Opened 11/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Valley Imaging Partners**

**Pc**

4.2  
9

**Wakefield & Associates**

Nonpriority Creditor's Name

**Attn: bankruptcy  
7005 Middlebrook Pike  
Knoxville, TN 37909**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☒ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **4584**

**\$103.00**

When was the debt incurred? **Opened 01/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Collection Attorney Emergency Coverage Corporation**

Debtor 1 **Anthony Jacoway**  
Debtor 2 **Lisa Jacoway**

Case number (if known) **19-80658**

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Jason Brady Patrick**  
**1008 Rucker Blvd. Suite A**  
**Enterprise, AL 36330**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a.	\$	0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$	4,763.76
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$	4,763.76
Total claims from Part 2	6f. Student loans	6f.	\$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	17,888.65
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$	17,888.65